

Application Data Sheet

Application Information

Application Type:: Reissue
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: INVALID LIFTING DEVICE
Attorney Docket Number:: 3008-1021
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 5
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: UNITED KINGDOM
Status:: Full Capacity
Given Name:: PHILIP
Middle Name::
Family Name:: VON SCHROETER
City of Residence:: HARESFIELD
State or Province of Residence:: GLOUCESTER
Country of Residence:: UNITED KINGDOM
Street of Mailing Address::
Address::
City of Mailing Address:: HARESFIELD
State or Province of Mailing Address:: GLOUCESTER
Country of Mailing Address:: UNITED KINGDOM
Postal or Zip Code of Mailing Address:: GL10 3DU

Applicant Authority Type:: Inventor
Primary Citizenship Country:: UNITED KINGDOM
Status:: Full Capacity
Given Name:: JOHN
Middle Name::
Family Name:: GREAVES
City of Residence:: ROMSEY
State or Province of Residence:: HAMPSHIRE
Country of Residence:: UNITED KINGDOM
Street of Mailing Address::
Address::
City of Mailing Address:: ROMSEY
State or Province of Mailing Address:: HAMPSHIRE
Country of Mailing Address:: UNITED KINGDOM

Postal or Zip Code of Mailing Address:: S051 8FD

Correspondence Information

Correspondence Customer 000466
Number::

Representative Information

Representative Customer	000466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Reissue of	09/321,723	5/28/99

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
UNITED KINGDOM	9811562	5/30/98	Yes

Assignment Information

Assignee Name:: ARJO. MED. AKTIEBOLAG LIMITED
Street of Mailing Address:: c/o Arjo Limited, St. Catherine St.

City of Mailing Address:: GLOUCESTER

State or Province of Mailing Address::

Country of Mailing Address:: UNITED KINGDOM

Postal or Zip Code of Mailing Address:: GL1 2SL